SHOWER/DECONTAMINATION POINT INSPECTION

For use of this form see TB MED 577; the proponent of this form is the Office of The Surgeon General.

REPORT DATE	
TO	FROM

INSPECTION RATING	SHOWER POINT NO	MAP COORDINATE LOCATION
OPERATING UNIT	TEAM CHIEF	UNIT REPRESENTATIVE
INSPECTING UNIT	DATE/TIME GROUP	INSPECTED BY

INSPECTION CHECKLIST CRITERIA

		YES	NO
1. SITE CONDITIONS	a. Adequate Drainage		
	b. Rodent/Insect Breeding Areas Controlled		
	c. Separate Latrines Provided		
	d. Latrines Adequate (_____Men/_____Women)		
	e. Handwashing Devices Present		
	f. Garbage Control Practiced		
2. WATER SOURCE	a. Nonpotable Water Chlorinated		
	b. Chemical Agents Present		
	c. Radioactivity Present		
	d. Procured From: _____		
3. WASTEWATER CONTROL	a. Drainage Ditches Adequate		
	b. Effluent Discharge $\geq$ 25 Yds Downstream		
	c. Decontamination Waste Sump Present		
	d. Proper Sump Closeout and Marking		
4. INTAKE LINE	a. Intake Strainer Attached		
	b. $\geq$ 4 In From Surface or Bottom		
5. SHOWER UNIT	a. Showers/Floor Clean		
	b. Air Circulation Provided		
	c. Nonpotable Water Sign Posted		
6. GENERATOR	a. Located $\geq$ 50 Ft From Showers		
	b. Grounding Present		
	c. Fire Extinguisher Present		
	d. Hearing Protection Used		
	e. Sufficient Ventilation		
7. OPERATOR MONITORING	a. Chlorine Residuals Checked		
	b. Chemical Agents Present		
	c. Radioactivity Present		
	d. Shower Water Temperature Checked		
8. WATER STORAGE	a. Tanks Level		
	b. Safety Bottom Apron Used		
	c. Open Top Tanks Covered		
	d. Tanks Clean and Sanitary		
	e. Capacity Sufficient for Issue		

INSPECTION CHECKLIST CRITERIA

		YES	NO
9. RECORDS	a. Bath and Clothing Exchange Report Used		
	b. Blank Forms Sufficient		
10. SUPPLY STORAGE	a. Fuel and Chemicals Sufficient		
	b. Chemical Containers Labeled/Capped/ Dry		
	c. Activated Carbon and Calcium Hypochlorite Stored Separately		
11. SHOWER WATER SAMPLES	a. Chlorine Residuals Checked		
	b. Chemical Agents Present		
	c. Radioactivity Present		
	d. Shower Water Temperature Checked		

COMMENTS AND RECOMMENDATIONS:

PRINTED/TYPED NAME AND GRADE OF PVNTMED INSPECTOR:	SIGNATURE: